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Name :	NHS No	Date of Birth:	/ /	

Bradford District Care
NHS Foundation Trust

Day 1 date:	Day 2 date:	Day 3 date:

PLEASE COMPLETE IN FULL INCLUDING BOWEL FREQUENCY AND BRISTOL STOOL SCORE

Time	Fluid mls	Fluid type	Toilet	Wet	Bowels	Fluid mls	Fluid type	Toilet	Wet	Bowels	Fluid mls	Fluid type	Toilet	Wet	Bowels
6am															
7am															
8am															
9am															
10am															
11am															
12noon															
1pm															
2pm															
3pm															
4pm															
5pm															
6pm															
7pm															
8pm															
9pm															
10pm															
11pm															
12midnight															
1am															
2am															
3am															
4am															
5am															



Guidance notes for completion of 3-day bladder diary.

Fluid mls = Fluid intake in mls. Please document accurate amounts and do not count discarded drinks.

Fluid Type = Type of fluid consumed e.g. Water, milk, tea, coffee, soup, milk on cereal etc.

Toilet = Urine passed in toilet or commode. Measure quantity passed if possible.

= please document level of wetness e.g. Damp + Wet ++ Very Wet +++

Tips and hints:

Wet

- **Did you know** that the quantity of fluid our body requires daily depends on our body weight? Our body requires 30mls of fluid x per kg of our weight e.g. a person who weighs 65 kg requires 1950 mls per day. By having the amount of fluid our body needs this can prevent Urinary tract infections, prevent constipation, and help to keep our bowels more regular, keep us alert and hydrated.
- **DRINKS WHICH DON'T IRRITATE THE BLADDER**: Water, Milk, Decaffeinated Tea, Decaffeinated Coffee, Herbal Teas, Milk Shake, Dilute juices e.g. apple, grape, pear.
- **DRINKS WHICH CAN IRRITATE THE BLADDER**: Tea, Coffee, Hot Chocolate, Green Tea, Blackcurrant Juice, Citrus fruit and juices, Tomatoes, Cola and other fizzy drinks, Alcohol.
- Take last big drink 2 hrs before bed preferably milk, if thirsty through night take sips of water and avoid big drinks.



Bowel Diary

Day / Date	Time	Stool Type Write number – see attached Bristol Stool Chart	Amount (Small, Adequate, Large)	On commode or toilet	Within pad	Did you have any pain or discomfort	What laxatives had been taken and at what time	Any other comments

Bristol Stool Chart

